

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

BIRTH NO. 102- 171

CERTIFICATE OF BIRTH

REGISTRAR'S NO. 87

RTH

Gila

OUTSIDE CORPORATE LIMITS WRITE RURAL

Miami

IF OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

ON Miami-Inspiration Hospital

ME A. (FIRST)

INT

FLOYD

DEWAIN

CARTER

5A. THIS BIRTH

SINGLE ☐ TWIN ☐ TRIPLET ☐

5B. IF TWIN OR TRIPLET (THIS CHILD) 1ST ☐ 2ND ☐ 3RD ☐

6A. DATE OF BIRTH (MONTH) (DAY) (YEAR)

February 20, 1929

6B. HOUR

M

FATHER OF CHILD

A. (FIRST)

B. (MIDDLE)

C. (LAST)

Guy

Severe

Carter

8. COLOR OR RACE

White

9. AGE (AT TIME OF THIS BIRTH)

26

RESIDENCE (WHERE DOES VET)

Arizona,

11. BIRTHPLACE (STATE OR FOREIGN COUNTRY)

Sullivan, Missouri

12A. USUAL OCCUPATION

12B. KIND OF BUSINESS OR INDUSTRY

MOTHER OF CHILD

FATHER NAME A. (FIRST)

B. (MIDDLE)

C. (LAST)

Lena

Mae

Wells

14. COLOR OR RACE

White

15. AGE (AT TIME OF THIS BIRTH)

16

17A. USUAL OCCUPATION

Arizona

17B. KIND OF BUSINESS OR INDUSTRY

18A. CHILDREN BORN TO THIS MOTHER (INCLUDING THIS CHILD)

B. HOW MANY OTHER CHILDREN ARE NOW LIVING?

C. HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD?

D. HOW MANY OTHER CHILDREN WERE STILL BORN (BORN DEAD AFTER 5 MONTHS PREGNANCY)

THE INFORMATION IS CORRECT TO MY KNOWLEDGE

19. PARENT'S SIGNATURE

20A. ATTENDANT'S SIGNATURE

20C. ADDRESS

Miami, Arizona

21B. REGISTRAR'S SIGNATURE

REC'D BY

25, 1929

20B. ATTENDANT AT BIRTH M. D. ☒ MIDWIFE ☐ OTHER (SPECIFY)

20D. DATE SIGNED

22. DATE ON WHICH GIVEN NAME ADDED BY REGISTRAR

OF

23B. WEIGHT AT BIRTH

24A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

24B. STATE ANY OPERATION FOR DELIVERY

24C. DESCRIBE ANY BIRTH INJURY

24E. WAS PROPHYLACTIC DRUG USED IN BABY'S EYES?

YES ☐ NO ☐

24F. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS?

YES ☐ DATE NO ☐

MOTHER'S NAME AND MAILING ADDRESS

639-200-302